



RHODE ISLAND DIVISION OF MOTOR VEHICLES
100 MAIN STREET
PAWTUCKET, RI 02860

APPLICATION FOR SALVAGE INSPECTION

NAME: _____ APPT. DATE & TIME: ____/____/____ at _____
ADDRESS: _____
CITY/STATE/ZIP _____ YEAR/MAKE _____
TELEPHONE # _____ VIN # _____

In order to process this application, you must submit the following paperwork:

- * A CERTIFIED CHECK OR MONEY ORDER FOR **\$56.50**, MADE PAYABLE TO DMV
- * A COPY OF THE SALVAGE TITLE * A CERTIFICATE OF SALVAGE REPAIR
- ** **WE DO NOT ACCEPT CASH NOR PERSONAL OR BUSINESS CHECKS**

At the time of your inspection, you will need to present the following paperwork:

(If the paperwork requested is NOT presented at this time, a new appointment will be necessary, along with another certified check or money order for **\$56.50**.)

- * ALL RECEIPTS FOR REPLACED PARTS AND LABOR (VIN #'S MUST BE LISTED ON ALL RECEIPTS FOR PARTS, INDICATING WHERE PARTS CAME FROM)
- * POSITIVE IDENTIFICATION REQUIRED (RI LICENSE OR ID CARD) * A PROPERLY ASSIGNED SALVAGE TITLE
- * AN INSURANCE COMPANY APPRAISAL REPORT * BILL OF SALE * REPAIR WORK ORDER
- * PHOTOS OF VEHICLE BEFORE REPAIR * THE VEHICLE MUST BE COMPLETELY RESTORED

I, the undersigned, do hereby make application for salvage inspection on the vehicle described herein, and do declare under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge and belief.

PRINT YOUR NAME

NOTARY'S SIGNATURE

SIGNATURE

SIGNED AND SWORN TO AND BEFORE ME ON THIS DAY: ____/____/____

PLEASE RETURN APPLICATION TO:
TO CANCEL APPOINTMENT:

DIVISION OF MOTOR VEHICLES, 100 MAIN STREET, PAWTUCKET, RI 02860
PLEASE CALL (401) 462 - 5736 (**WE REQUIRE 24 HOURS NOTICE!!**)

**** To person(s) present submitting the information, please read below and sign.**

I hereby certify that the receipts for replaced parts and labor and all documents presented for this inspection are true and complete to the best of my knowledge and belief.

SIGNATURE
REV: 6/21/07

DATE

ENF #6.0